Dear	
COMPL	AINT FORM
(Note: I	Please complete in black ink).
PART A	
1. (Consumer:
2. S	treet Address:
3. N	Mailing Address:
4. T	Telephone Nos: Home: () Work: ()
PART B	.
1. N	Aanufacturer:
2. A	Address:
3. Т	Selephone No: ()
	Oate of Manufacture: Plant (Name or Number)
5. H	Iome Size: Single Wide Multi-Wide Length: Ft. Width: Ft
	Date Purchased: Date Delivered:
	IUD Label Nos.: Serial Nos.:
8. P	Purchased: New Used Repossession Moved: Yes No.
PART C	
1. D	Dealer:

2.	Address:							
3.	Telephone No: ()	Dealer	Contact/Salesperson				
4.	Please include a copy of your contract or purchase agreement and other documents from the dealer.							
PART	D							
1.	Have you previously filed a complaint form? Yes No (If yes, please identify when, where and provide complaint/case # if known).							
2.	Have you contacted the dealer: Yes No (If yes, was contact written or verbal (phone or in person)? Both?							
3.	What is your fina	nce company' na	me and address	s?				
4. Have you contacted anyone else (e.g. Consumer Affairs, Better Business Bureau, Attorney)? Please list those notified:								
4. Please list all complaint items, see attached sheet.								
Signat	ure:			Date:				
Returi	n information to:	State Building C 501 North Secon Richmond, VA	d Street	ative Office				

COMPLAINT FORM Name of Consumer:

Item No.	Complaint/Problem Description
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
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15.	
16.	
17.	

COMPLAINT FORM Name of Consumer:

Complaint/Problem Description Item No. 18. 19. 20. 21. 22 23. 24. **25.** 26. 27. 28 29. **30**